FORM NO. 49B

[See sections 203A and rule 114A] Form of application for allotment of tax deduction and collection account number under section 203A of the Income-tax Act, 1961

То

The Assessing Officer (TDS/TCS)

Assessing Officer	
Code (TDS/TCS)	
Area Code	
AO Type	
Range Code	
AO Number	

Sir,

Whereas *I/we *am/are liable to *deduct/collect tax or deduct tax and collect tax in accordance with Chapter XVII under the heading *'B. - Deduction at source' or 'BB.-Collection at source' of the Income-tax Act, 1961;

And whereas no *tax deduction account number/tax collection account number or tax deduction account number and tax collection account number has been allotted to *me/us;

*I/we give below the necessary particulars:

[Please refer to the instructions before filling up the form]

1. Name (Fill only one of the columns 'a' to 'h' whichever is applicable.)

a. Central / State Government : Tick the appropriate entry

Central Government	Local Authority (Central Government)												
State Government	Local Authority (State Government)												
Name of Office													
Name of Organization													
Name of Department													
Name of Ministry													
Designation of person responsible for making payment/ collectiog tax													
b. Statutory/autonomous bodies Tick the appropriate entry Statutory Body	Autonomous Body												

Name of Office																	
Name of Organization	<u> </u>																
Designation of person																	
responsible for making payment/																	
collecting tax																	
c. Company : (See Note 1)																	
Tick the appropriate entry		_													 		
Central Government Company/Company established by a Central Act Other Company	State Government Company/Company established by a State Act																
Title (M/s.) (Tick, if applicable)																	
Name of Company																	
Designation of person																	
responsible for making payment/ collecting tax	L																
d. Branch/Division of a Company :																	
Tick the appropriate entry	-		-														
Central Government Company/Company established by a Central Act Other Company	State Government Company/Company established by a State Act																
Title (M/s.) (Tick, if applicable)																	
Name of Company																	
	<u> </u>													 		 	
Name of Division																	
		I															
Name/Location of Branch																	
Designation of person																	
responsible for																	
making payment/collecting tax	a		•														
e. Individual/Hindu Undivided Family (Karta) (Tick the appropriate entry	See														 		
Individual			Hin	du u	Indi	vide	d fa	mil	У								
Title (Tick the appropriate entry for individual)				-								_					
Shri Smt.							K	uma	ri								
Last Name/Surname	ļ																
First Name																	
Middle Name	L																
f. Branch of Individual Business (Sole propriet Tick the appropriate entry	orsh	ip co	once	ern)/	Hin	du U	Jnd	ivid	ed F	ami	ly (l	Kart	a)				
Branch of individual business	business Branch of Hindu undivided family																

Individual/Hindu undivided family (karta)

Title (Tick the appropriate entry for individual)		_										_								
Shri Smt.							K	uma	ri											
Last Name/Surname																				
First Name																				
Middle Name																				
Name/Location of Branch																				
g. Firm/Association of persons/ association of p Name	ersc	ons (trus	ts)/	bod	y of	ind	ivid	ual/	artif	icia	l jur	idic	al p	erso	n (S	ee l	Vote	3)	
h. Branch of firm/association of persons/associa Name of firm/association of persons/	tion	of	pers	ons	(tru	sts)	/boc	ly of	f ind	livid	lual/	arti	ficia	l ju	ridic	al p	ersc	n		
association of persons (trusts)/																				
body of individual/artificial juridical person																				
Name/Location of Branch																				
2. Address																				
																				1
Flat/Door/Block No.																				
Name of Premises/Building/Village																				
Road/Street/Lane/Post Office																				
Area/Locality Taluka/Sub-Division																				
Town/City/District																				
State/Union Territory																				
PIN							ĺ													
(Indicating PIN is mandatory)																				
Telephone No. STD Code		Te	elep	hon	e No	э.					Т			Т		Т				
e-mail ID (a)		_																		
(b)																				
3. Nationality (Tick * the appropriate entry)4. Permanent Account Number (PAN)				In	idiai	1				F	Forei	ign						Т		
5. Existing Tax Deduction Account Number (TA	AN),	if a	ny															T		
6. Existing Tax Collection Account Number (TC	CN),	if a	ny																	
7. Date (DD-MM-YYYY)									-			-					٦			
								•		•	•	•			•	•				

Signed (Applicant)

(Signature/Left Thumb Impression of Applicant)

Note:

- 1. This column is applicable only if a single TAN is applied for the whole company. If separate TAN is applied for different divisions/branches, please fill details in (d).
- 2. For branch of individual business/Hindu undivided family, please fill details in (f).
- 3. For branch of firm/AOP/AOP (Trust)/BOI/artificial juridical person, please fill details in (h).
- 4. *Delete whichever is inapplicable.